

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 280 OF 282  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00053553         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>				
Full Name of Payee <b>Connection Strategy, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 29 / 2014	
Mailing Address P.O. Box 2192			Amount <span style="border: 1px solid black; padding: 2px;">486.20</span>	
City Arlington		State VA	Zip Code 22202	
Purpose of Expenditure Phone Bank		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		<b>Transaction ID : 60040713</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 30 / 2014
Name of Federal Candidate Sen. Thad Cochran			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9946.03</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Master Print, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 01 / 2014	
Mailing Address P.O. Box 1467			Amount <span style="border: 1px solid black; padding: 2px;">5110.26</span>	
City Newington		State VA	Zip Code 22122	
Purpose of Expenditure Print 4 Color Postcard		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		<b>Transaction ID : 59574506</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 01 / 2014
Name of Federal Candidate Thom Tillis			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">101017.94</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">5596.46</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Mary Rose Adkins</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 20 / 2014	

[Electronically Filed]